***Rapid Response Teams Training Package***

*Insert course dates, venue and country*

**Facilitation team manual**

**(8-day training with EVD focused skills-drill)**

*V003 - 22/05/2018*

**1. COURSE GOAL, OBJECTIVES AND TARGET**

**Course goal**

The Rapid Response Teams Training aims at reinforcing the capacity and skills of multidisciplinary Rapid Response Teams (RRT) and their individual members to early detect and effectively respond to public health events, irrespective of their origin or source that present or could present significant harm to humans.

**The all-hazard approach**

The all-hazard approach is applied to public health events that require an immediate response and are potentially caused by

more than one hazard — including biological, chemical and radionuclear hazards — and natural disasters such as fires, floods, other extreme weather events, volcanic eruptions, earthquakes and tsunamis.

This approach has been driven by the International Health Regulations (IHR), which were revised in 2005 to reflect growth in international travel and trade, emergence or re-emergence of international disease risks, and threats posed by chemicals, toxins and radiation.

**Operational objectives**

The RRT training provides participants with the necessary knowledge and skills that will enable them to:

* Act as a functional multidisciplinary team when requested by the relevant public health authority.
* Conduct rapid risk assessment to evaluate risks and determine if they are considered as public health threat.
* Enhance surveillance activities and adequately manage data.
* Carry out epidemiological investigation of suspected cases either to confirm or discard an outbreak.
* Apply appropriate infection prevention and control measures in all situations.
* Perform safe collection of samples from suspected cases, and arrange for packaging and transportation to reference laboratory.
* Conduct active case finding and contact tracing activities to effectively control a potential outbreak.
* Educate communities and engage with them.
* Conduct safe and dignified burial of patients who died in the context of an outbreak.

**Course target**

This course is designed for national professionals (including epidemiologists, clinicians - doctors and nurses -, laboratory experts, communication officers, social mobilization experts/anthropologists, logisticians, psychosocial support experts, data managers, infection prevention and control (IPC)/Environmental experts) who are likely to be deployed as members of national Rapid Response Teams when an alert is given on a public health event in their country.

**2. AGENDA** (*final agenda to be copied here)*

**WEEK 1**



**WEEK 2**



**3. FACILITATION TEAM**

**List of facilitation team members** *(names and contact details of facilitation team members to be added below)*

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| **Role in the course/expertise** | **Name** | **E-mail address** | **Phone** |
| Course Director/Coordinator |  |  |  |
| Learning facilitator |  |  |  |
| Exercise manager |  |  |  |
| Expert in emergency coordination |  |  |  |
| Expert in epidemiology |  |  |  |
| Expert in data management |  |  |  |
| Expert in IPC |  |  |  |
| Expert I n laboratory |  |  |  |
| Expert in social mobilization |  |  |  |
| Expert in emergency risk communications |  |  |  |
| Expert in psychological support |  |  |  |
| Expert in logistics/safe burial |  |  |  |
| Logistic support to the training |  |  |  |
| Administrative support |  |  |  |

**Roles of facilitation team members (a person may play more than one role in the team)**

**Course director/coordinator (CD)** is responsible to lead the overall implementation of the training. CD’s main tasks will be to:

* Ensure communication with and within the facilitation team (meetings, discussions, e-mails).
* Ensure that all the aspects of the course (pedagogical, administrative, and logistic) are properly implemented.
* Validate modifications to the agenda/programme upon discussion. Keep all the team updated on latest modifications adopted.

**Learning facilitator** **(LF)** is responsible to ensure the smooth flow of the course, creating a conductive learning environment. LF’s main tasks will be to:

* Assist SME in organizing group work, in conducting debriefings and session summary as necessary.
* Ensure time keeping.
* Ensure that discussions are within the frame of the topic. Otherwise, intervene as necessary.
* Ensure that participants’ questions and concerns are responded to by the relevant facilitators.
* Provide instructions for evaluation and ensure evaluation is completed by all participants.
* Facilitate ice breakers and team building activities.
* Advice the course director/facilitation team on suitable adjustments to the agenda/programme as needed.

**Exercise manager (EXMAN)** is responsible to guide the facilitation team and the participants throughout the exercise. Exman’s main tasks will be to:

* Introduce the objectives and timeline of the scenario-based skills-drill exercise.
* Ensure that all logistic arrangements are set before starting a step (room setting, equipment, photocopies).
* Ensure that all roles to be played during the scenario-based skills-drill have been assigned to a member of the facilitation team and that those who have a role to play have a copy of their script.
* Provide clear instructions to participants at each step and clarify the outcomes expected from RRTs.
* Facilitate/coordinate debriefing sessions after each step.

**Subject Matter Experts (SME)/facilitators** are responsible to prepare and facilitate technical sessions, based on the training material provided in this package. SME’s main tasks will be to:

* Familiarize self with the overall purpose and learning objectives of the course and see relationship with the assigned session(s).
* Finalize the design/content of material to be used during their sessions.
* Ensure that logistics related to their session are ready at least 1 day before (room setting, equipment, photocopies).
* Introduce the session and learning objectives; facilitate the assigned session(s).
* Provide clear instructions to participants (group work, exercises) and respond to queries/questions as needed.
* Provide technical input as needed throughout the course.

**Requirements for Subject-Matter experts:**

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| **Education/qualifications :**   * Advanced university degree in their area of expertise (emergency coordination, epidemiology, data management, infection prevention and control, laboratory, social mobilisation/anthropology, risk communication, psychological support, logistics)   **Skills:**   * Technical expertise in at least one of the specific areas above listed. * Capacity to work collaboratively with team members to achieve results. * Capacity to relate and work well with people of different cultures, gender and background. * Excellent communication skills: speaks clearly, adapting communication style and content to the audience; ensures messages have been heard and understood. * Good facilitation skills, including capacity to engage and motivate a group of participants through adult learning techniques * Capacity to use and accept constructive criticism to improve performance/learn from experience. * Excellent organizational skills.   **Experience:**   * Consolidated experience (3 to 5 years) in a technical function/position related to the specific area of expertise. * Experience in delivering/facilitating training beyond PPT delivery. * Field experience in outbreak management (desirable). |

**Logistics assistant (LA):** the LA is the right hand of course coordinator. He is tasked to assist the facilitation team before and during the training on organizational, logistic and technological issues. The key interventions of the LA are the following:

* Install and test the IT equipment/material.
* Set-up of training rooms throughout the course.
* Supervision of all technological aspects (Internet/sound/video) in collaboration with the assigned person at the training venue.
* Purchase and double-check all the material/equipment needed for the training.

**Administrative assistant (AA)** is responsible to provide administrative, organizational support to participants and the facilitation team throughout the course. AA’s main areas of support will be:

* Registration and daily presence of participants.
* Issues/questions regarding travel arrangements, accommodation and allowances.
* Print-out of documents
* Type/enter evaluation data.

**Additional functions of the facilitation team for the simulation exercise:**

**Team coach:** a team coach will be assigned to each RRT and will follow the RRT throughout the course. The main tasks of the team coach will be:

* The team coach will ensure that the team she/he has been assigned to understands well the various topics. He will provide to her/his team guidance and clarifications as needed during the technical sessions/group work/exercises.
* During the scenario-based skills-drill the team coach will follow the team and ensure they have all the documents and materials required to complete the required tasks. She/he will provide minimal guidance to them, but may respond to questions, provide clarifications or address issues, be it upon request of the team on based on needs observed. The team coach will make sure that the team discussion is on the track without interfering with participants’ discussion and way of thinking; she/he should make sure that participants come up with the expected outputs.

**Team assessor:** one or more team assessors will be assigned to each RRT, and they will assess to what extent these outputs have been achieved and knowledge, skills and behaviours demonstrated.

* At each session, RRTs will be asked to come up with a number of outputs and demonstrate specific knowledge, skills and behaviours. Assessment grids will be provided to team assessors for each session of the simulation exercise, based on a scale ranging from “0” (= not demonstrated) to “2” (= fully demonstrated), with “1” as a middle range (= partially demonstrated). If the particular output/knowledge/skill/behaviour was not observed by the assessor, she/he will indicate “not observed” in the comment box.

**Role player:** all the facilitation team members may be required to play different “roles” during the scenario-based skills-drill. Role players will:

* Play their roles according specific scripts and guidance provided by the Exman, without inventing new information that is not included in the scenario.
* Team members who played a role on the scenario will be requested to provide their observations during the debriefing sessions in plenary.

**4. PRE-COURSE ACTIVITIES**

**E-Protect**

Both participants and facilitators are expected to complete the PROTECT online module (Basic Occupational Health and Safety Pre-deployment Training, approximately 1h), available on the WHO Health Security Learning Platform. The instructions below should be sent to both facilitators and participants, at the latest 1 week prior to the beginning of the course:

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| **STEP 1:** If you access for the first time the Health Security Learning Platform; please create your account (ADS account) on the following page:  <https://extranet.who.int/ads/adswebinterface/create.aspx>  (Keep your username and password so that you can retrieve them easily. You will need them to log on to the learning platform).  **STEP 2**: Click on the following link to access the e-learning course:  ENGLISH: <https://extranet.who.int/hslp/training/course/view.php?id=95>  FRENCH: <https://extranet.who.int/hslp/training/course/view.php?id=102>  (**STEP2 bis**: only If you are not logged yet with your account, click on “continue” button and then use your username and password).  **STEP 3:** Provide the following Enrolment Key as requested:  Insert here enrolment key as needed for the specific group  **STEP 4**: Now you can learn more about Basic Occupational Health and Safety Pre-deployment Training.  *Note: please do not share the “Enrolment Key”. It is only for members selected for this learning programme.* |

**Facilitation team meeting: 2 days before the beginning of the training event**

The whole facilitation team should meet to:

* Review in details the training agenda
* If not done earlier, identify who will cover each session; clarify the roles of each member of the team.
* For the scenario-based skills-drill: go through the introduction for facilitators (PPT) together; decide who will be the team coaches, team assessors and role players.
* Double-check availability and test the functioning of equipment and logistics at the training venue: rooms, computers, projector and Internet connection, photocopies, and other supplies.
* Set the training venue as needed.

**5. TRAINING SESSION PLAN**

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| **DAY 1** |

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| **08:30:09:00** | **REGISTRATION & INTRODUCTIONS** | **Responsible** |  |
|  | * Participants register and are given their folders |  | * X copies of participant folders |

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| **09:00 – 10:00** | **OPENING SESSION** | **Responsible** | **Material/logistics needed** |
| **Description** | * Welcome * Introductions: suggested ice breaker (30’): * In a large room (or outdoor) participants/facilitators stand in a large circle. * The facilitator in charge starts introducing herself/himself in this way: before her/his name, he states a quality that matches with her/him and that starts with the 1st letter if her/his first name (i.e. the name of the facilitator is **A**mr, he would say: “**A**mazing **A**mr”. Then the next person to the right will repeat what he said, and then introduce himself/herself in the same way (i.e. “Amazing Amr; Pragmatic Paula”). The next person will repeat what the previous participants said and the adding her/his quality and first name. * Course objectives and agenda (see PPT) * Housekeeping info | * MoH hosting country * WHO CO | * Plenary room, laptop with Internet connection + projector * PPT 0.5\_RRT\_training\_intro * Flipchart/markers * Large size post-it (15 x 20 cm) |

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| ***10:00 – 10:30 Coffee- break*** |

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| **10:30 – 11:00** | **PRE-TEST** | **Responsible** | **Material/logistics needed** |
| **Description** | * Explain the objectives and modalities of the pre and post-test. * Distribute/collect pre-test questionnaires. | LF | XX copies of D1.4 Pre-test |

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| **11:00 – 11:30** | **A1.1 PPT Health security, IDSR and IHR** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q&A/input from participants and discussion. | Expert in emergency coordination | PPT A1.1 |
| **Learning objectives** | * Identify key actors of health security. * Describe the key initiatives and agreements supporting health security. * Identify links between IDSR strategy and the IHR framework. * Explain the national obligations of a country in reporting public health events under Annex 2 of IHR. |

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| **11:30 – 12:30** | **A1.2 Exercise: 20 people drop dead** | **Responsible** | **Material/logistics needed** |
| **Description** | Scenario-based exercise. | Expert in emergency coordination/  MoH | PPT A1.2 |
| **Learning objectives** | * Identify the national coordination and response structures of public health events or emergencies. * Identify the key actors in PH emergencies at the national/sub-national level. * Describe where RRTs fit into these national structure/actors and describe its role. * Describe communication channels in the context of the response to public health events/emergencies. |

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| ***12:30 – 13:30 Lunch break*** |

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| **13:30-14:30** | **A2.2b Exercise: National emergency coordination mechanisms** | **Responsible** | **Material/logistics needed** |
| **Description** | Group work. | Expert in emergency coordination/  MoH | PPT A2.2b |
| **Learning objectives** | * Identify the existing National and Sub-National Emergency Coordination Structures and mechanisms. * Describe how the RRT is linked to the national structure/s and mechanism in (a) preparing and (b) responding to public health events of national (or international concern), including outbreaks. |

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| **14:30-15:00** | **A2.2a Emergency coordination at international level** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q&A/input from participants and discussion. | Expert in emergency coordination | PPT A2.2a |
| **Learning objectives** | * Describe mechanisms for emergency coordination at international level * Identify international partners involved in emergency coordination (i.e. GOARN, Emergency Medical Teams) * Describe the role and functions of the Emergency Operations Center (EOC) * Identify when there is need for a national RRT to request assistance of an international RRT. |

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| ***15:00 – 15:30 Coffee-break*** |

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| **15-30-16:30** | **A2.1 Group work: composition of RRT and members' roles** | **Responsible** | **Material/logistics needed** |
| **Description** | Group work + debriefing with PPT A2.5 | Expert in emergency coordination |  |
| **Learning objectives** | * Describe the composition of a RRT. * Explain the specific role of each RRT member. * List all the materials and equipment needed by the RRT. |
| **16-30-17:00** | **A3.2 What to know before you go?** | **Responsible** | **Material/logistics needed** |
| **Description** | Group work. | Expert in emergency coordination/  logistics |  |
| **Learning objectives** | * Identify the key information that RRT members should assimilate before deployment to ensure their personal readiness, safety, and situational awareness. |

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| **17:00 – 17:30** | **A2.4 Team building 1 - Egg drop teambuilding activity** | **Responsible** | **Material/logistics needed** |
| **Description** | **1/ RRTs** take materials and build something/a structure to protect a raw egg. The eggs that survive a 10+ foot drop successfully complete the challenge. (15’)  **2/ Facilitator** brings everyone back together, he/she drops each structure in a consistent way. After dropping all structures, teams open them up and figure out which eggs have remained intact. The winning team is the one with the least number of straws/material used. (5’)  **3/ Debriefing/reflection** (10’)   * Ask the teams what went well and what was effective in terms of teamwork. * Ask whether their designs changed or evolved over time. * Ask about traits or characteristics of good leadership or teamwork. * Ask if teams would do anything differently next time.   More detailed guidance and additional options for teambuilding activities on: A2.4\_Teambuilding\_activities\_fac\_151002\_en.docx | LF | For each team:   * Inflatable balloons x 5 * Blank paper x 5 sheets * Large size post it 5 * Thin straws x 10 * Scotch tape x 1 * Raw egg x 2 (only 1 needed, additional in case of accident)   **Room setting:**  Plenary room, 1 table x 6/7 pax |

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| **17:30-18:00** | **EVALUATION DAY 1** |  |  |
|  | * Explain the purpose of evaluation. * In plenary: ask groups to list in the post-it papers 3 strong points of the day, and 3 points that need improvement. * Remind participants to complete their Learning Log | LF | * Large size post-it of 2 colours. |

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| **DAY 2** |

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| **08:30-09:00** | **WRAP UP PREVIOUS DAY** | **Responsible** | **Material/logistics needed** |
| **Description** | * Key learning messages of previous day to be summarized. * Feedback on evaluation of previous day by facilitators. | 2/3 participants |  |

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| **09:00-10-00** | **A2.3 Stakeholders mapping** | **Responsible** | **Material/logistics needed** |
| **Description** | Group work. | Expert in emergency coordination/  MoH |  |
| **Learning objectives** | * Identify potential stakeholders in relation to the activities of RRTs at national and field levels. * Explain the role and activities of potential stakeholder in relation to the activities of the RRTs at national and field levels. * Determine whether stakeholders are primary or secondary contacts to the RRT. * Operate within the established national coordination mechanisms for preparedness and response to national and international PH events of concern. |  |

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| ***10:00 – 10:30 Coffee-break*** |

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| **10:30-11:30** | **A3.1 Skills stations: personal and operational readiness** | **Responsible** | **Material/logistics needed** |
| **Description** | Practical exercise | Expert in emergency coordination/  logistics |  |
| **Learning objectives** | * Take the necessary preparatory steps for healthy field deployment, i.e. getting immunizations, medical clearance, mosquito nets, boots, etc. * Set-up and practice communication equipment available on the field that will help you staying safe (communications e.g., WhatsApp, Viber, Messenger, Skype) * Find and maintain a balance between work and health, through exercises to reduce stress and other relaxation exercises |  |

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| **17-00-17:30** | **A3.3 Checklist for logistics** | **Responsible** | **Material/logistics needed** |
| **Description** | Scenario-based exercise. | Expert in logistics |  |
| **Learning objectives** | * Identify the minimum logistics and equipment needed by RRT members for a specific public heath event (tools, guidelines, transport, communication, shipping, equipment, and supplies) * Effectively use and manage the minimum logistic requirements for a specific public health event. * Identify locally adapted material. |

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| ***12:30 – 13:30 Lunch break*** |

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| **13:30-15:00** | **A4.1 SITREP and investigation report** | **Responsible** | **Material/logistics needed** |
| **Description** | Group analysis. | Expert in emergency coordination/  epidemiology |  |
| **Learning objectives** | * Identify key areas of information that should be included on a daily SITREP. * Complete a daily SITREP. * Identify key information fiends to be completed on an outbreak report. |

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| ***15:00 – 15:30 Coffee-break*** |

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| **15:30-16:30** | **B4.1 Outbreak investigation** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including questions/input from participants and discussion. | Expert in epidemiology |  |
| **Learning objectives** | * Identify key principles of outbreak investigation * Describe the 10 steps in outbreak investigation * Recall the 10 steps in outbreak investigation * Identify the questions to be answered at each step |

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| **16:30-17:00** | **B1.1 PPT EVD Epidemiology** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including questions/input from participants and discussion. | Expert in epidemiology |  |
| **Learning objectives** | * Describe the chain of transmission of EVD infection. * Recall the history of EVD outbreaks. * List key facts and figures of the current Ebola outbreak. |

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| **17:00-17:30** | **A2.4 Teambuilding activity 2 – Mine field** | **Responsible** | **Material/logistics needed** |
| **Description** | **1/ In a large room/outdoor space, set up the “minefield”** by placing “mines” (large paper cups, empty plastic bottles, cones, soft foam balls, etc.) in many places all over the space.  **2/ Ask each group/RRT to choose a person who will be their guide:** he will be allowed to see and talk, but not to touch the blindfolded persons or enter the minefield.  **3/ The rest of the RRT will be blindfolded** and will be not allowed seeing or talking.  **4/ Give each group/RRT a few minutes** of planning and preparation for their communication strategy.  **5/ Once everyone is ready, say “Go!”** The blindfolded persons cannot talk; they just listen and walk through the mine field. The guide can’t touch his or her partners, but they can speak to their partners and use whatever verbal strategy they wish.  **5/ Create a penalty for touching a “mine”.** Perhaps a time delay, or a loss of points, or (worse case) a restart.  **Debriefing:**  Ask participants to state what they learnt from this experience; emphasize the importance of trust and communication. | LF |  |

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| **17:30-17:45** | **EVALUATION DAY 2** |  |  |
|  | * In plenary: ask groups to list in the post-it papers 3 strong points of the day, and 3 points that need improvement. * Remind participants to complete their Learning Log | LF | * Large size post-it of 2 colours. |

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| **DAY 3** |

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| **08:30-09:00** | **WRAP UP PREVIOUS DAY** | **Responsible** | **Material/logistics needed** |
| **Description** | * Key learning messages of previous day to be summarized. * Feedback on evaluation of previous day by facilitators. | 2/3 participants |  |

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| **09:00 – 09:30** | **B2.1 PT Epi Surveillance** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q/A from participants and discussion. | Expert in epidemiology |  |
| **Learning objectives** | * Describe the EVD case definitions for suspected, probable and confirmed cases, before and during outbreak * List surveillance activities to be carried out for prevention & control of outbreaks.   Identify the requirements for a medical facility to carry out epidemiological surveillance activities as a reporting site. |

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| **09:30 – 10:00** | **B2.2 Descriptive Epidemiology: Exercise** | **Responsible** | **Material/logistics needed** |
| **Description** | Scenario-based exercise | Expert in epidemiology |  |
| **Learning objectives** | * Conduct descriptive statistics, by time, place and person. * Present data in tables, graphs and maps.   Summarize findings. |

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| ***10:00 – 10:30 Coffee-break*** |

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| **10:30 – 11:30** | **B3.1 Data management** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q/A from participants and discussion. | Expert in epidemiology |  |
| **Learning objectives** | * Identify data collection tools and field data collection processes. * Analyse and interpret data in the context of an EVD outbreak, in order to take immediate action. * Identify key information to be included in a situation report (SITREP). |

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| **11:30 – 12:00** | **B11.1 Contact tracing** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q/A from participants and discussion. | Expert in epidemiology |  |
| **Learning objectives** | * Describe basic features of contact tracing. * Explain how contract tracing can stop Ebola transmission. * List the composition of the contact tracing (local) team and logistics/equipment needed by the team for contact tracing. |

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| **12:00 – 12:30** | **B5.2 Risk assessment case scenario** | **Responsible** | **Material/logistics needed** |
| **Description** | Scenario-based exercise | Expert in epidemiology |  |
| **Learning objectives** | * Formulate a risk question * Identify potential sources of risk * Identify the context and exposure * Formulate a risk statement (risk assessment), specifying the level of confidence * Identify sources of information and technical support available to help in risk assessment and determine how widespread an “outbreak” might be. |

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| ***12:30 – 13:30 Lunch break*** |

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| **13:30 – 14:30** | **B5.2 Rapid risk assessment** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including questions/input from participants and discussion. | Expert in epidemiology |  |
| **Learning objectives** | * Define risk and explain the concept of risk assessment * Identify tools used for different inputs, outputs and time frames associated with assessing risk for acute public health events. * List the components involved in assessing risk for acute public health events. |

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| **14:30 – 15:00** | **B6.1 PCI for RRTs** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including questions/input from participants and discussion. | Expert in IPC |  |
| **Learning objectives** | * Apply standard hygiene precautions (at all times, for all patients). * Implement additional infection prevention and control precautions in the context of EVD outbreak. * Perform correct procedures for donning and safe removal of enhanced PPE, and to ensure proper management of PPE after use. |

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| ***15:00 – 15:30 Coffee-break*** |

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| **15:30– 16:00** | **B6.1 PCI for RRTs (continued)** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including questions/input from participants and discussion. | Expert in IPC |  |

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| **16:00 – 17:30** | **B6.5 IPC skills stations** | **Responsible** | **Material/logistics needed** |
| **Description** | Practical exercises. 3 skills stations. | Expert in IPC |  |
| **Learning objectives** | * Perform hand hygiene * Putting on and removing PPE * Preparing chlorine solution |

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| **17:30-17:45** | **EVALUATION DAY 3** |  |  |
|  | * In plenary: ask groups to list in the post-it papers 3 strong points of the day, and 3 points that need improvement. * Remind participants to complete their Learning Log | LF | * Large size post-it of 2 colours. |

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| **DAY 4** |

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| **08:30-09:00** | **WRAP UP PREVIOUS DAY** | **Responsible** | **Material/logistics needed** |
| **Description** | * Key learning messages of previous day to be summarized. * Feedback on evaluation of previous day by facilitators. | 2/3 participants |  |

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| **09:00 – 10:00** | **B6.2 Environmental cleaning and disinfection** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including questions/input from participants and discussion. | Expert in IPC |  |
| **Learning objectives** | * Identify appropriate PPE needed for environmental cleaning and disinfection. * Describe SOPs to be applied for safe environmental cleaning and disinfection and for safe waste management. * Describe SOPs to be applied for safe waste management. |

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| ***10:00 – 10:30 Coffee-break*** |

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| **10:30 – 11:00** | **B6.4 What PPE to wear?** | **Responsible** | **Material/logistics needed** |
| **Description** | Group work | Expert in IPC |  |
| **Learning objectives** | * Categorize risk based on various scenarios in the context of an EVD outbreak. * Identify the PPE needed by a RRT for appropriate IPC in various situations based on the level of risk in the context on an EVD outbreak. |

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| **11:00 – 11:30** | **B6.3 Ambulance transport** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q/A from participants and discussion. | Expert in IPC |  |
| **Learning objectives** | * Identify the steps and the sequence to ensure safe transport. * Identify the roles of the various actors involved in transport of a suspected EVD case. * Describe the IPC requirements for the transport of a suspected EVD case. |

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| **11:30 – 12:00** | **B7.2 Steps for laboratory sample collection exercise** | **Responsible** | **Material/logistics needed** |
| **Description** | Group work | Expert in laboratory |  |
| **Learning objectives** | * Identify the steps and roles in the process of collection, packaging and transportation of Ebola samples * Determine the role that RRT members and other actors play in this process. |

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| **12:00 – 12:30** | **B7.2 Laboratory sample collection** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q/A from participants and discussion. | Expert in laboratory |  |
| **Learning objectives** | * Apply key steps for safe collection of sample from Ebola suspected case * Package the sample for transportation to national laboratory * Ensure proper disposal/disinfection of material after use. |

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| ***12:30 – 13:30 Lunch break*** |

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| **13:30 – 14:00** | **B12.1 Safe and dignified burial** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q/A from participants and discussion. | Expert in logistics/IPC |  |
| **Learning objectives** | * Describe basic features the safe, supervised and dignified burials * Describe the composition and logistic needs of a burial team * List the 12 steps for conducting safe and dignified burials * Explain how safe burials are critical to stopping the Ebola outbreak. |

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| **14:00 – 15:00** | **B9.3 Media communication exercise** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q/A from participants and discussion. | Expert in communication |  |
| **Learning objectives** | * Explain what media need to know in the context of a public health crises * Respond to an interview based on the information available at a point in time. |

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| ***15:00 – 15:30 Coffee-break*** |

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| **15:30 – 16:30** | **B9.1 Emergency risk communication** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q/A from participants and discussion. | Expert in communication |  |
| **Learning objectives** | * Explain the challenges of risk perceptions * Describe characteristics of information during an emergency * Apply WHO outbreak communication principles * Identify effective tips for communication with the media in emergencies. |

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| **16:30-17:30** | **A2.4 Teambuilding activity 3 – Team logo** | **Responsible** | **Material/logistics needed** |
| **Description** | In groups/RRTs participants will:   * Select a name for their team. * Develop a graphic logo that will portray who/what they are to the rest of the participants. * Draw a large version on a flip-chart for the group to see. * After completing the logo, develop a slogan with twelve words or less that explains your team logo and creates an identity for the group. * Present and explain what the logo and slogan represent. |  |  |

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| **17:30-17:45** | **EVALUATION DAY 4** |  |  |
|  | * Explain the purpose of evaluation. * In plenary: ask groups to list in the post-it papers 3 strong points of the day, and 3 points that need improvement. * Remind participants to complete their Learning Log | LF | * Large size post-it of 2 colours. |

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| **DAY 5** |

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| **08:30-09:00** | **SUMMARY/QUESTIONS WEEK 1** | **Responsible** | **Material/logistics needed** |
| **Description** | * Key learning messages of previous week to be summarized. * Pending questions/unclear issues to be addressed. | Facilitators |  |

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| **09:00 – 09:30** | **B8.2/3/4 Community engagement exercises** | **Responsible** | **Material/logistics needed** |
| **Description** | Group work | Expert in community engagement |  |
| **Learning objectives** | * Identify valuable components of culture * Reflect on roles played by culture, values, beliefs and assumptions on people's decisions or actions. * Identify activities where RRT members need to engage with the communities. * Identify the appropriate tools to use in creating community discussion. |

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| **09:30 – 10:30** | **B8.1 Social mobilization and community engagement** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q/A from participants and discussion. | Expert in community engagement |  |
| **Learning objectives** | * Reflect on factors that influence perspectives. * Discuss community concerns and ways to address them. * Describe how community engagement contributes to overall response. * Describe different tools to use in engaging with the community. |

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| ***10:30 – 11:00 Coffee-break*** |

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| **11:00 – 12:00** | **B10.2 Role-plays on Psychological First Aid** | **Responsible** | **Material/logistics needed** |
| **Description** | Group work | Expert in psychology |  |
| **Learning objectives** | * To liaise with a distressed person in a respectful manner and demonstrating empathy. * Identify attitudes that may soothe a distressed person. * Identify the types of information to be provided to persons in distress in order to reassure and guide them. |

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| **12:00 – 13:00** | **B10.1 Psychological First Aid** | **Responsible** | **Material/logistics needed** |
| **Description** | Tutor-lead PPT presentation, including Q/A from participants and discussion. | Expert in psychology |  |
| **Learning objectives** | * Explain how you can integrate the psychological first aid (PFA) approach in the day-to-day activities of the RRT members * Identify how, when and where PFA can be offered. * Describe PFA key action principles. * Describe how field workers can care for themselves and support colleagues in the context of an EVD outbreak. |

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| ***13:00 – 14:00 Lunch break*** |

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| **14:00-15:30** | **Scenario-based skills drill - Take off to Sohara**  **C1 Risk assessment** |  |  |
| **Description**  **Outputs** | **Take off to Sohara**   * Introduce the scenario-based skills-drill and key aspect of the country context. * Assign participants to groups/RRTs for the simulation exercise. * Assign team coaches and team assessors.   **C1 Risk assessment exercise**   * Risk question formulated. * Likelihood of a specific event assessed. * Exposure assessed. * Context (including social, technical and scientific, economic, environmental, ethical, and policy and political factors) that affect risk assessed. * Impact assessed. * Risk categorized. | EXMAN  LF  Expert in epidemiology | * PPT country context * XX copies of Country context participant version * List of groups/RRTs with the names of team coaches and team assessors. |
| **Objectives** | * Set the scene for the scenario-based skills-drill * Explain to participants roles and responsibilities to the facilitation team. |  |

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| ***15:30 – 16:00 Coffee-break*** |

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| **16:00-16:30** | **C1 Risk assessment (continued)** |  |  |

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| **16:30-17:30** | **DEBRIFING SESSION C1** |  |  |
|  | Team coaches, team assessors and other facilitators involved provide feedback to groups and structured debriefing on outcomes. |  |  |

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| **17:30-17:45** | **EVALUATION DAY 5** |  |  |
|  | * In plenary: ask groups to list in the post-it papers 3 strong points of the day, and 3 points that need improvement. * Remind participants to complete their Learning Log | LF | * Large size post-it of 2 colours. |
| **DAY 6** | | | |

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| **08:30 – 10:30** | **C2 Rapid Response Team mobilized** | **Responsible** | **Material/logistics needed** |
| **Description** | **1/ A video** of the talk-show with the “breaking news” is presented to all participants in plenary (death of a famous football player, 5’)   * Lead facilitator gives copies of the Participant Guide Session 2.1 to all RRTs (A, B, C; D; E) and explains the expected outputs for step 1(5’). * Each RTT is assigned a break-out room and moves to the room to start discussing the situation (10’). * Role play: phone call from Communicable Disease Department at national level: rumours on potential EVD cases, mobilizes the RRT to assess the situation.   **2/ Inject 1:** Each RTT receives a report from the hospital manager.   * RRTs work in groups (10’).   **3/ Inject 2:** Each RRT receives a report from the Head of Communicable Disease Department ad district level (food poisoning suspected, 5’).   * RRTs work in groups (10’).   **4/ Inject 3:** Each RTT gets a copy of the Emergency Room Report for the deceased football player (sent by fax).  **5/ Inject 4:** Phone call from Head of Communicable Disease Department at district : MERS-CoV/ EVD suspected   * RRTs work in groups (1h10).   **6/ Debriefing** by assessor, based on assessment grid (5’). | EXMAN  RRT coaches  RRT assessors  Expert in emergency coordination | Plenary room, 5 tables of 7 pax   * The video * 1 flipchart/markers * XX copies of participant guide session C2   1 break-out room per RRT, equipped with:   * 1 table x 7 pax * 1 laptop with Internet connection * 1 flipchart/markers * A4 white paper * 1 copy of Emergency Room Report * 5 Assessment grids session 2.1   2 additional rooms with land phones for the role play.  Role players:  1. Hospital Manager  2. Head of Communicable Disease Department at national level. |
| **Expected outputs** | * RRT composition and ToRs of various members defined. * RRT action plan designed, including SOPs. * List of key partners/stakeholders completed. * Logistic checklist developed. |

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| ***10:30 – 11:00 Coffee-break*** |

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| **11:00 – 12:00** | **C2 RRT mobilize (continued)** |  |  |

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| **12:00 – 13:00** | **DEBRIFING SESSION C2** |  |  |
|  | Team coaches, team assessors and other facilitators involved provide feedback to groups and structured debriefing on outputs. |  |  |

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| ***13 :00 – 14:00 Lunch break*** |

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| **14:00 – 15:30** | **C3 At Agader Hospital – Interviews with medical staff**  **(this session is run in parallel with session C4)** | **Responsible** | **Material/logistics needed** |
| **Description** | **1/ RRTs are expected to leave** in the early morning to visit the Agader general hospital, and to organize themselves to assess preparedness for IPC and preparedness for surveillance at Agader hospital.  **2/ Role plays:**   * RRTs receive a phone call from head of communicable disease department at district level. * Interview with hospital manager * Interview with hospital IPC in charge to assess the preparedness of the hospital in case management and IPC * Interview with hospital Surveillance Officer to assess the preparedness of the hospital for surveillance * Interview with Dr Nasser (treating wife wife)   **3/ Debriefing** by assessor, based on assessment grid (5’). | RRT coaches  RRT assessors  Expert in IPC  Expert in epidemiology | * Copies of 2 checklists per RRT * Wife medical record per RRT * 4 rooms for role plays.   Role players:  1. Head of communicable disease department  2. Hospital manager  3. IPC in charge  4. Surveillance Officer  5. Dr Nasser |
| **Outputs** | * Assessment checklist for hospital IPC preparedness completed. * Diagram of ETC showing the patient flow designed. * Assessment checklists for hospital surveillance completed. * Contact listing of suspected cases (contacts for the medical staff) initiated. * Case investigation form completion initiated. * Risk assessment of the contacts conducted (statement). * Standard hygiene precautions and additional infection prevention and control precautions for EVD applied. |

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| ***15:30 – 16:00 Coffee-break*** |

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| **16:00 – 17:30** | **C4 At Agader Hospital - Interview with patient**  **(this session is run in parallel with session C3)** | **Responsible** | **Material/logistics needed** |
| **Description** | **1/RRTs are going to interview the patient** to complete the contact list questionnaire and obtain the blood sample.   * Role play: interview with wife. * Practical exercise: blood sample collection and packaging.   **2/ Debriefing** by assessors, based on assessment grid (5’). | RRT coaches  RRT assessors  Expert in laboratory  Expert in epidemiology | For each RRT:   * Full PPE equipment * Waste disposal bins properly labelled (for PPE) * Case investigation form * Contact listing form * Ebola notification form * Test tubes   2 rooms equipped with:   * A hospital bed * A clean area * A XXX area   Role players:  1. The patient (wife) |
| **Expected outputs** | * Correct practice of donning and doffing PPE. * Case investigation form completed. * Contacts of patient listed. * Risk assessment of the contact conducted (statement). * Informed consent of the patient obtained for blood sample collection. * Blood sample safely collected and packaged * PPE/material for sample collection properly managed after use. * Standard hygiene precautions and additional infection prevention and control precautions for EVD applied. * Findings reported to the Incident Manager/Medical Officer-in-charge of the Emergency Operations Center (EOC) for next steps (situation report). |

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| **17:30-17:45** | **EVALUATION DAY 6** |  |  |
|  | * In plenary: ask groups to list in the post-it papers 3 strong points of the day, and 3 points that need improvement. * Remind participants to complete their Learning Log | LF | * Large size post-it of 2 colours. |

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| **DAY 7** |

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| **08:30 – 09:30** | **SESSIONS C3 and C4: finalizing group work** |  |  |
|  | RRTs finalize expected outputs (completed forms) |  |  |

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| **09:30 – 10:30** | **DEBRIEFING SESSIONS C3 and C4** |  |  |
|  | Team coaches, team assessors and other facilitators involved provide feedback to groups and structured debriefing on outputs. |  |  |

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| ***10:30 – 11:00 Coffee-break*** |

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| **11:00-12:00** | **C5 Communication and community engagement** | **Responsible** | **Material/logistics needed** |
| **Description** | **Group work:**   * RRTs will review relevant pieces of Sohara country context to identify which are the key elements of the social dimension, the cultural practices, kinship, mode of communication, taboos, of Soharians that they have to consider to communicate with the community. * They will come up with a SOCO that will reflect their understanding of the social dimension, the cultural practices, etc. of Soharians. * They will list down key elements to be considered to engage with the community. | RRT coaches  RRT assessors  Expert in community engagement/  communication | * Flipcharts and markers for each team |
| **Expected outputs** | * IPC measures to be applied when visiting a community listed. * SOCO (Single Overarching Communication Objective) developed, considering and integrating social dimension, cultural practices, kinship, mode of communication, taboos, etc. of the population. * Key elements to be considered to achieve continued community engagement explained. |

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| **12:00 – 12:30** | **DEBRIEFING SESSION C5** |  |  |
|  | Team coaches, team assessors and other facilitators involved provide feedback to groups and structured debriefing on outputs. |  |  |

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| **12:30 – 13:00** | **C6 Contact tracing (instructions and preparation)** |  |  |
|  | Team coaches, team assessors and other facilitators involved provide feedback to groups and structured debriefing on outputs. |  |  |

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| ***13:00 – 14:00 Lunch break*** |

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| **14:00-15:30** | **C6 Contact tracing** | **Responsible** | **Material/logistics needed** |
| **Description** | **1/ Group work: preparing the contact tracing team (30’)**  RRTs are encouraged to brain storm, have group discussion, use internet searches and printed material to answer the following questions:   * What is the composition of a local contact tracing team, roles and responsibilities of each? * What content areas should be covered in training enabling the contact tracing team to carry out its work? * What equipment and material does a contact tracing team need?   **2/ Contact tracing interviews (15’ each)**   * Visit to Mohamed’s brother * Visit to a sick nurse who took care of Mohamed * Looking for a missing person, the driver * Facing a hostile community member when visiting Mohamed’s mother   **3/ Debriefing** with team assessor (5’). | RRT coaches  RRT assessors  Expert in epidemiology/  Data management | 4 small rooms for role plays, with 6/7 chairs, and a door sign indicating the house owner.  Role players:  1. Mohamed’s brother  2. A sick nurse who took care of Mohamed  3. The driver’s wife  4. Hostile community member(s) |
| **Expected outputs** | * Contact tracing interviews with various types of contacts conducted, overcoming challenges and barriers encountered. * Contact follow-up form filled-in. * Reporting Form for Field Teams completed. * Contact tracing team composition defined. * Logistic checklist for contact tracing developed. * Components of training material for contact tracing team identified. * Standard hygiene precautions and additional infection prevention and control precautions for EVD applied. * Findings reported to the Incident Manager/Medical Officer-in-charge of the Emergency Operations Center (EOC) for next steps (situation report). |  |

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| ***15:30 – 16:00 Coffee-break*** |

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| **16:00 – 16:30** | **DEBRIEFING SESSION C6** |  |  |
|  | Team coaches, team assessors and other facilitators involved provide feedback to groups and structured debriefing on outputs. |  |  |

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| **16:30 – 17:30** | **C7 Safe and dignified burial** | **Responsible** | **Material/logistics needed** |
| **Description** | RRTs are informed that the uncle of Mohamed passed away, and should arrange with the local team for a safe and dignified burial.  The facilitation team will demonstrate the safe burial in 12 steps.  If time permits, there can be a role play before the demonstration, as follows:  **Role play**   * The RRT arrives to the house of Mohamed’s uncle and has to inform the relatives of how they will proceed and obtain their consent and support. Besides; the uncle’s relatives and some religious and community representatives should be involved in the burial process.   **Debriefing** by team assessor (5’). | RRT coaches  RRT assessors | * Enhanced PPE equipment * Waste bins properly labelled   **A room equipped with:**   * A training manikin (whole body) in a bed, bed sheets * A bedside table, with table cloth, a plate with left-over food, a glass of water… * A coffin   **Role players:**   1. 2/3 relatives of the uncle |
| **Expected outputs** | * IPC standard measures and additional measures for EVD applied when preparing for a safe burial with the family and the community * Explanations about EVD and safe and dignified burial process given to the family and the community in a clear and adapted manner * Discussions with the family and the community held in a respectful way and taking into account their culture, religion and local beliefs * Good relationships established with local authorities in order to ensure their collaboration for the identification of new cases, contacts, and/or people who may die from EVD in the community. |  |  |

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| **17:30-17:45** | **EVALUATION DAY 7** |  |  |
|  | * In plenary: ask groups to list in the post-it papers 3 strong points of the day, and 3 points that need improvement. * Remind participants to complete their Learning Log | LF | * Large size post-it of 2 colours. |

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| **DAY 8** |

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| **08:30-10:00** | **C8 Suspect case transportation** | **Responsible** | **Material/logistics needed** |
| **Description** | RRTs receive a call from the contact tracing team asking to arrange for a suspect case transportation to the hospital.  **1/ Role play 1:**   * The RRT will liaise with the ambulance team and provide them by phone with the necessary information to get prepared to find and collect the patient safely, including ambulance specifications.   **2/ Role play 2:**   * Once the ambulance team arrives, the RRT should provide them guidance on how to install the patient and how to get organized for the transportation (including PPE to wear).   **2/ Debriefing** by team assessor (5’). | RRT coaches  RRT assessors | * Enhanced PPE equipment * Waste bins properly labelled (for PPE) * Necessary products to prepare chlorine solution. * An ambulance car   Role players:   1. The suspect patient 2. 1/2 relatives 3. The ambulance driver |
| **Expected outputs** | * Key information to be communicated to the ambulance team identified. * Specifications of an ambulance car described. * Supplies and equipment that needed for patient transportation listed. * Suitable PPE for the ambulance team described. * Steps for safe transportation of a suspect case to the hospital applied. * Cleaning and disinfection procedures of the ambulance car after patient transportation explained. * Findings reported to the Incident Manager/Medical Officer-in-charge of the Emergency Operations Center (EOC) for next steps (situation report). |

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| **10:00 – 10:30** | **DEBRIEFING SESSION C8** |  |  |
|  | Team coaches, team assessors and other facilitators involved provide feedback to groups and structured debriefing on outputs. |  |  |

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| ***10:30 – 11:00 Coffee-break*** |

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| **11:00 – 13:00** | **C9 Investigation report** | **Responsible** | **Material/logistics needed** |
| **Description** | * Each RRT group has to write an investigation report that summarizes findings and conclusions, data tables and charts (8 to 10 slides) | RRT coaches  RRT assessors |  |
| **Expected outputs** | * A comprehensive investigation report, including all necessary information fields * The report integrates in a systematic way results & conclusions of various phases * Data is presented in tables and graphics as appropriate. |  |

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| ***13:00 – 14:00 Lunch break*** |

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| **14:00 – 15:00** | **Presentation of reports by RRTs** | **Responsible** | **Material/logistics needed** |
| **Description** | RRTs present their reports and get feedback from other RRTs and facilitators. | RRTs |  |

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| **15:00 – 15:30** | **Recap on the scenario-based skills drill** | **Responsible** | **Material/logistics needed** |
| **Description** | Recap on strong points and areas to be improved in terms of performances of RRTs.  Key learning messages of the exercise are reminded. | RRTs |  |

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| ***15:30 – 16:00 Coffee-break*** |

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| **16:00 – 16:30** | **POST-TEST** | **Responsible** | **Material/logistics needed** |
| **Description** | * Distribute/collect self-assessment questionnaires. | LF | xx copies of D1.4 Post-test |

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| **16:30-17:00** | **FINAL EVALUATION** | **Responsible** | **Material/logistics needed** |
|  | 1/ Introduction of the session (5’)  2/ Participants to complete individually the Final Evaluation questionnaire (25’) | LF | xx copies of D1.2 Final evaluation questionnaire |

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| **17:00-17:30** | **LEARNING TRANSFER PLANS** | **Responsible** | **Material/logistics needed** |
|  | Learning transfer plans – how RRTs plan to apply new knowledge when back to their countries - to be completed by groups (30’) | LF | XX copies of D2.2 learning transfer plans |

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| **17:30-17:45** | **FOLLOW-UP AND CLOSING** | **Responsible** | **Material/logistics needed** |
|  | * Demo/visit or introduction to the community of practice (10’) * Closing remarks. * Pen-drives with course content to be given to participants * Certificates of attendance to be given to participants. | * MoH hosting country * WHO CO |  |

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